

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMUNITY ONCOLOGY ALLIANCE PAC

ADDRESS (number and street) ▼

1101 Pennsylvania Avenue SW

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00383976

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2015

through

M M M / D D D / Y Y Y Y Y Y
06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Diaz

Signature of Treasurer

Michael Diaz

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 09 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		38283.76
(b) Cash on Hand at Beginning of Reporting Period.....	34652.67	
(c) Total Receipts (from Line 19)	136552.28	170252.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	171204.95	208536.04
7. Total Disbursements (from Line 31)	26074.76	63405.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	145130.19	145130.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

COMMUNITY ONCOLOGY ALLIANCE PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	136483.32	169683.32
(ii) Unitemized	0.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	136483.32	170183.32
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	136483.32	170183.32
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	68.96	68.96
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	136552.28	170252.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	136552.28	170252.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6574.76	12905.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6574.76	12905.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	50500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26074.76	63405.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26074.76	63405.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	136483.32	170183.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	136483.32	170183.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	6574.76	12905.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	68.96	68.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	6505.80	12836.89

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +9A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

Beginning cash balance was off at start of year due to prior year balances being off. Form 99 was filed explaining this difference. Also, amended 1st qtr return which resulted in cash balance at end of first quarter being off from the 2nd qtr beginning of period balance which was corrected here.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 48
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Andrew J Lipman

Mailing Address 2060 Laguna Way

City

Naples

State

FL

Zip Code

34109-7109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2015

Transaction ID : 9934565

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Miriam Atkins

Mailing Address 3696 Wheeler Road

City

Augusta

State

GA

Zip Code

30909-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2015

Transaction ID : 9934566

Amount of Each Receipt this Period

200.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Michael McCleod

Mailing Address 10070 Magnolia Pointe

City

Fort Myers

State

FL

Zip Code

33919-4218

FEC ID number of contributing
federal political committee.

C

Name of Employer

FCS

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2015

Transaction ID : 9934567

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

6200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Maen Hussein

Mailing Address 33125 Irongate Drive

City	State	Zip Code
Leesburg	FL	34788-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2015

Transaction ID : 9934568

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Michael Raymond

Mailing Address 14009 Image Lake Court

City	State	Zip Code
Fort Myers	FL	33907-1824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FCS

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2015

Transaction ID : 9934569

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Shalin R Shah

Mailing Address 16613 Millan DeAvila

City	State	Zip Code
Tampa	FL	33613-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2015

Transaction ID : 9934570

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

12000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Theodore A. Okon,

Mailing Address 30 Wintergreen Drive

City

Monroe

State

CT

Zip Code

06468-1061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 11 / 2015

Transaction ID : 9934571

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Jose Alemar

Mailing Address 935 Pine Hill Road

City

Palm Harbor

State

FL

Zip Code

34683-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 9934572

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Miriam Atkins

Mailing Address 3696 Wheeler Road

City

Augusta

State

GA

Zip Code

30909-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 9934573

Amount of Each Receipt this Period

200.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Ralph Boccia

Mailing Address 6410 Rockledge Drive

City

Bethesda

State

MD

Zip Code

20817-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8		2	0	1	5		

Transaction ID : 9934574

Amount of Each Receipt this Period

416.66

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Richard H Buck

Mailing Address 1607 South Drive

City

Sarasota

State

FL

Zip Code

34239-5038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8		2	0	1	5		

Transaction ID : 9934575

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Bruce Burns

Mailing Address 1062 Forsyth Street

City

Macon

State

GA

Zip Code

31201-8637

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8		2	0	1	5		

Transaction ID : 9934576

Amount of Each Receipt this Period

416.66

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5833.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Dr. Tarek Chidiac

Mailing Address 6816 Royal Plume Drive

City State Zip Code
Dublin OH 43016-7254

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 9934577

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Julia Cogburn

Mailing Address 2903 W Coachman Avenue

City State Zip Code
Tampa FL 33611-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 9934578

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Marsha DeVita

Mailing Address 7263 Lakeshore Drive

City State Zip Code
Cicero NY 13039-9732

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 9934579

Amount of Each Receipt this Period

500.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Dr. David A. Eagle

Mailing Address 19017 Peninsula Point Dr

City State Zip Code
 Cornelius NC 28031-7601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lake Norman Hem/Onc Specialist

Occupation
 Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : 9934580

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Dr Justin Peter Favaro

Mailing Address 3029 Carmel Road

City State Zip Code
 Charlotte NC 28226-6649

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Onc Specialists of Charlotte

Occupation
 Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : 9934581

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Gustavo Fonseca

Mailing Address 920 Tuner Camp Road

City State Zip Code
 Inverness FL 34453-1261

FEC ID number of contributing
federal political committee.

C

Name of Employer
 self

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : 9934582

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Lucio GordanMailing Address 188 SW 131st
St

City	State	Zip Code
Newberry	FL	32669-3052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : 9934583

Amount of Each Receipt this Period

4000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Ralph Gousse

Mailing Address 3145 Cecilia Drive

City	State	Zip Code
Apopka	FL	32703-7815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : 9934584

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Robert Green

Mailing Address 2426 Embassy Drive

City	State	Zip Code
West Palm Beach	FL	33401-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : 9934585

Amount of Each Receipt this Period

500.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Nuruddin Jooma

Mailing Address 1573 Coachmakers Lane

City

Clearwater

State

FL

Zip Code

33765-1703

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8		2	0	1	5		

Transaction ID : 9934586

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Kapistharam Kumar

Mailing Address 1307 Playmoor Drive

City

Palm Harbor

State

FL

Zip Code

34683-1474

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8		2	0	1	5		

Transaction ID : 9934587

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Magda E Melchert

Mailing Address 4127 Saltwater Boulevard

City

Tampa

State

FL

Zip Code

33615-5638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	8		2	0	1	5		

Transaction ID : 9934588

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Flora W Melgen

Mailing Address 1887 Markham Preserve Trail

City	State	Zip Code
Sanford	FL	32771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : 9934589

Amount of Each Receipt this Period

500.00

☐ Memo Item

Contribution

Full Name (Last, First, Middle Initial)

B. Kelly Mentzer

Mailing Address 3311 SE 18th CT

City	State	Zip Code
Ocala	FL	34471-6767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : 9934590

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Daniel J MorrisMailing Address 8473 Bay Colony Dr
Apt 502

City	State	Zip Code
Naples	FL	34108-0710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : 9934591

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. John A Peterson

Mailing Address 2 Paradise Lane

City

Treasure Island

State

FL

Zip Code

33706-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : 9934592

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Brad Precht

Mailing Address 6933 Lacantera Circle

City

Lakewood Ranch

State

FL

Zip Code

34202-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : 9934593

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Daron Street

Mailing Address 2224 E/ 26th Place

City

Tulsa

State

OK

Zip Code

74114-4219

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : 9934594

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Scott Tetreault

Mailing Address 1815 Tuscan Hill

City

Tallahassee

State

FL

Zip Code

32312-4287

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

oncologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

05 / 08 / 2015

Transaction ID : 9934595

Amount of Each Receipt this Period

3000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Stephen Allen

Mailing Address 11 West Geyer Lane

City

Frontenac

State

MO

Zip Code

63131-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician or Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934596

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Roy Ambinder

Mailing Address 240 Trismen Terrace

City

Winter Park

State

FL

Zip Code

32789-3948

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934597

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Vance Browne

Mailing Address 231 Albert Lane

City

Port Charlotte

State

FL

Zip Code

33954-3770

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : 9934598

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Patrick Elwood

Mailing Address 5455 Brownsville Road

City

Newark

State

OH

Zip Code

43056-9027

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : 9934599

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Jeffrey Kirshner

Mailing Address 6831 Dutch Hill Road

City

Fayetteville

State

NY

Zip Code

13066-1770

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2015

Transaction ID : 9934600

Amount of Each Receipt this Period

250.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mark H. Knapp

Mailing Address 5469 Kirby Road
Apt. 63

City State Zip Code
Cincinnati OH 45223-1170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Ohio Onc/Hem Inc

Occupation

Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934601

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Jeanna Knoble

Mailing Address 8833 Ventura Way

City State Zip Code
Dublin OH 43016-6129

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934602

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Joseph P. Lynch

Mailing Address 11706 S. Erie Ave

City State Zip Code
Tulsa OK 74137-8430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation
Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934603

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jerry W. Mitchell

Mailing Address 2315 Wildcat Run Court

City

Powell

State

OH

Zip Code

43065-5112

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934604

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Timothy D. Moore

Mailing Address 1790 Roundwyck Lane

City

Powell

State

OH

Zip Code

43065-7546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Ohio Onc/Hem, Inc

Occupation

Oncologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934605

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Dr. Mark L. Segal

Mailing Address 7033 Perry Place

City

Worthington

State

OH

Zip Code

43085-2882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Ohio Onc/Hem Inc

Occupation

Oncologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934606

Amount of Each Receipt this Period

1500.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Dr. Poonkothai Sundaram

Mailing Address 7165 Pleasant Colony Circle

City State Zip Code
 Blacklick OH 43004-7117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934607

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Dr. Mark E. Thompson

Mailing Address 7175 Fox Lake Dr

City State Zip Code
 Blacklick OH 43004-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mid-Ohio Onc/Hem Inc

Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934608

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Luis Vaccarello

Mailing Address 2257 Old Stone Road

City State Zip Code
 Blacklick OH 43004-9558

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Zangmeister

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2015

Transaction ID : 9934609

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 48

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Dr. Jeffery Zangmeister

Mailing Address 391 Saddle Path Lane N

City	State	Zip Code
Pataskala	OH	43062-8028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid-Ohio Onc/Hem Inc

Occupation

Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : 9934610

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Asutosh Gor

Mailing Address 14437 Ballatyne Country Club

City	State	Zip Code
Charlotte	NC	28277-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 9934611

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Sashi Naidu

Mailing Address 13714 Daltry Lane

City	State	Zip Code
Charlotte	NC	28277-2374

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : 9934612

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Kashyup Patel

Mailing Address 14820 Jockeys Ridge Road

City State Zip Code
Charlotte NC 28277-3718

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : 9934613

Amount of Each Receipt this Period

3000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Attique Samdani

Mailing Address 411 W Randolph Road

City State Zip Code
Hopewell VA 23860-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : 9934614

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Pablo Gonzalez

Mailing Address 3312 Fox Hurst Drive

City State Zip Code
Midlothian VA 23113-3741

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : 9934615

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Maurice Schwartz

Mailing Address 12025 Layton Drive

City

Glen Allen

State

VA

Zip Code

23059-7032

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 10 / 2015

Transaction ID : 9934616

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Joshua McFarlane

Mailing Address 1410 Gove Avenue

City

Richmond

State

VA

Zip Code

23220-4602

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 10 / 2015

Transaction ID : 9934617

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Thomas Gallo

Mailing Address 7707 Hollins Road

City

Richmond

State

VA

Zip Code

23229-6641

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2015

Transaction ID : 9934618

Amount of Each Receipt this Period

500.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. David Trent

Mailing Address 10005 Ramsbury Way

City

Richmond

State

VA

Zip Code

23238-5410

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : 9934619

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Maura Hagan

Mailing Address 3351 Spillway Lane

City

Mechanicsville

State

VA

Zip Code

23111-6253

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : 9934620

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. William Voelzke

Mailing Address 8100 Spenceley Place

City

Richmond

State

VA

Zip Code

23229-8426

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : 9934621

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 48

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. James Khatcheressian

Mailing Address 1848 W Grace Street

City	State	Zip Code
Richmond	VA	23220-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : 9934622

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Lawrence Lewkow

Mailing Address 3520 Landsdowne Road

City	State	Zip Code
Midlothian	VA	23113-1365

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : 9934623

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Shobha Nalluri

Mailing Address 12413 Liverpool Lane

City	State	Zip Code
Chester	VA	23836-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : 9934624

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 48
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Brian Mitchell

Mailing Address 13421 Stonegate Road

City State Zip Code
 Midlothian VA 23113-3961

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2015

Transaction ID : 9934625

Amount of Each Receipt this Period

500.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Ghulum Qureshi

Mailing Address 100 S Mooreland Road

City State Zip Code
 Richmond VA 23229-7741

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2015

Transaction ID : 9934626

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Brian Mitchell

Mailing Address 13421 Stonegate Road

City State Zip Code
 Midlothian VA 23113-3961

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 10 / 2015

Transaction ID : 9934627

Amount of Each Receipt this Period

1000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Sharon Goble

Mailing Address 718 Coalbrook Drive

City State Zip Code
 Midlothian VA 23114-5536

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2015

Transaction ID : 9934628

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Elke Friedman

Mailing Address 11528 Longview Landing Road

City State Zip Code
 Richmond VA 23233-1114

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2015

Transaction ID : 9934629

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C. Seaborn McDonald-Wade

Mailing Address 309 Greenway Lane

City State Zip Code
 Richmond VA 23226-1631

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 10 / 2015

Transaction ID : 9934630

Amount of Each Receipt this Period

2000.00

☐ Memo Item

contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Christopher Kellogg

Mailing Address 8749 E Artisan Pass

City

Scottsdale

State

AZ

Zip Code

85266-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 25 / 2015

Transaction ID : 9934631

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

B. Parvinderjit Khanuja

Mailing Address 8110 N Mohave Road

City

Paradise Valley

State

AZ

Zip Code

85253-2275

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 25 / 2015

Transaction ID : 9934632

Amount of Each Receipt this Period

5000.00

☐ Memo Item

contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

136483.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 48

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Theodore A. Okon,

Mailing Address 30 Wintergreen Drive

City State Zip Code
 Monroe CT 06468-1061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Oncologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 22 2015

Transaction ID : 10613431

Amount of Each Receipt this Period

68.96

☐ Memo Item

Reimbursement for expenses from Jan 9, 2015

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

68.96

68.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Community Oncology AllianceMailing Address 1101 Pennsylvania Avenue
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 12 / 2015**Transaction ID : 10612188**

Amount of Each Disbursement this Period

10.89

☐ Memo Item
Meals

Full Name (Last, First, Middle Initial)

B. Community Oncology AllianceMailing Address 1101 Pennsylvania Avenue
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 14 / 2015**Transaction ID : 10612488**

Amount of Each Disbursement this Period

10.00

☐ Memo Item
Meals

Full Name (Last, First, Middle Initial)

C. Community Oncology AllianceMailing Address 1101 Pennsylvania Avenue
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 15 / 2015**Transaction ID : 10612489**

Amount of Each Disbursement this Period

47.15

☐ Memo Item
Meals**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►


68.04

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COMMUNITY ONCOLOGY ALLIANCE PAC

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

COMMUNITY ONCOLOGY ALLIANCE PAC

 Memo Item

VTs Sun Taxi - Fred Upton Event

☐ Memo Item

 Memo Item
fee

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2015
Transaction ID : 9937459

Amount of Each Disbursement this Period

6.10

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2015
Transaction ID : 9937474

Amount of Each Disbursement this Period

145.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2015
Transaction ID : 9937475

Amount of Each Disbursement this Period

58.30

☐ Memo Item
fee
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

209.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 07 2015
Transaction ID : 9937476

Amount of Each Disbursement this Period

145.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 07 2015
Transaction ID : 9937477

Amount of Each Disbursement this Period

145.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address 672 Battelfield Boulevard N

City Chesapeake State VA Zip Code 23320

Purpose of Disbursement
fee

001

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 10 2015
Transaction ID : 9937478

Amount of Each Disbursement this Period

49.95

☐ Memo Item
fee
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

340.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Community Oncology AllianceMailing Address 1101 Pennsylvania Avenue
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
Parking and Tolls

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 04 2015**Transaction ID : 9937484**

Amount of Each Disbursement this Period

255.85

☐ Memo Item
Parking and Tolls

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : 9937485**

Amount of Each Disbursement this Period

6.10

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : 9937486**

Amount of Each Disbursement this Period

12.38

☐ Memo Item
fee**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

274.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : 9937487**

Amount of Each Disbursement this Period

12.38

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : 9937488**

Amount of Each Disbursement this Period

29.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : 9937489**

Amount of Each Disbursement this Period

145.30

☐ Memo Item
fee**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

186.98

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : 9937490

Amount of Each Disbursement this Period

14.80

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : 9937491

Amount of Each Disbursement this Period

58.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : 9937492

Amount of Each Disbursement this Period

14.80

☐ Memo Item
fee
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : 9937493**

Amount of Each Disbursement this Period

145.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : 9937494**

Amount of Each Disbursement this Period

145.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2015**Transaction ID : 9937495**

Amount of Each Disbursement this Period

29.30

☐ Memo Item
fee**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

319.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2015
Transaction ID : 9937496

Amount of Each Disbursement this Period

87.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 672 Battelfield Boulevard N

City Chesapeake State VA Zip Code 23320

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2015
Transaction ID : 9937497

Amount of Each Disbursement this Period

49.95

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : 9937498

Amount of Each Disbursement this Period

29.30

☐ Memo Item
fee
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

166.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : 9937499

Amount of Each Disbursement this Period

29.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : 9937500

Amount of Each Disbursement this Period

145.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : 9937501

Amount of Each Disbursement this Period

29.30

☐ Memo Item
fee
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

203.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : 9937502

Amount of Each Disbursement this Period

29.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : 9937503

Amount of Each Disbursement this Period

29.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : 9937504

Amount of Each Disbursement this Period

29.30

☐ Memo Item
fee
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.90

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 48

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 12312 Port Grace Blvd

City La Vista State NE Zip Code 68125

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 22 2015
Transaction ID : 9937505

Amount of Each Disbursement this Period

29.30

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Mailing Address 672 Battelfield Boulevard N

City Chesapeake State VA Zip Code 23320

Purpose of Disbursement
fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 10 2015
Transaction ID : 9937506

Amount of Each Disbursement this Period

61.95

☐ Memo Item
fee

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

91.25

6510.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City	State	Zip Code
Raleigh	NC	27624

Purpose of Disbursement
Contribution

Candidate Name

Renee EllmersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2015

Transaction ID : 9937466

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
contribution

Candidate Name

S. Brett GuthrieOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

Transaction ID : 9937467

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
contribution

Full Name (Last, First, Middle Initial)

C. CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2015

Transaction ID : 9937468

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Patrick Murphy

Mailing Address 4521 Pga Blvd #412

City	State	Zip Code
Palm Beach Gardens	FL	33418

Purpose of Disbursement
contribution

011

Candidate Name

Patrick MurphyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : 9937469

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
contribution

011

Candidate Name

Patrick ToomeyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2015

Transaction ID : 9937470

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
contribution

Full Name (Last, First, Middle Initial)

C. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City	State	Zip Code
East Lansing	MI	48826

Purpose of Disbursement
contribution

011

Candidate Name

Debbie StabenowCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2015

Transaction ID : 9937471

Amount of Each Disbursement this Period

2500.00

☐ Memo Item
contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Mike Crapo For Us Senate

Mailing Address PO Box 1948

City Boise	State ID	Zip Code 83701
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Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name

Michael Crapo

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2015

Transaction ID : 9937472

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
contribution

Full Name (Last, First, Middle Initial)

B. STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1400

City MELVILLE	State NY	Zip Code 11747
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Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Steve Israel

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2015

Transaction ID : 9937473

Amount of Each Disbursement this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress

Mailing Address PO Box 823047

City Dallas	State TX	Zip Code 75382
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Purpose of Disbursement
contribution

011

Category/
Type

Candidate Name

Pete Sessions

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2015

Transaction ID : 9937509

Amount of Each Disbursement this Period

1000.00

☐ Memo Item
contribution**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMUNITY ONCOLOGY ALLIANCE PAC

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address PO Box 490

City	State	Zip Code
St. Joseph	MI	49085

Purpose of Disbursement
contribution

Candidate Name

Frederick Upton

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 06

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2015

Transaction ID : 9937510

Amount of Each Disbursement this Period

5000.00

☐ Memo Item
contribution**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

19500.00
